

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

10/28/05

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>5/4/05</u>		2 Serial/Patent # <u>10/505204</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other <u>Declaration</u>			\$ <u>130</u>
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>130</u>	
8 TO BE REFUNDED BY:			
9 REASON:		Treasury Check	
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9 <u>510--1379</u>	
<input type="checkbox"/> No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>	
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext 23</u>	
OFFICE: <u>DO/EO</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

ERICSSON 
FAX

ERICSSON INC.
LEGAL DEPARTMENT
6300 Legacy Drive
Plano, Texas 75024

Date:

05/04/08 ⁵

Number of pages (including cover sheet):

1

MESSAGE TO:	COMPANY:	FAX#:
Deposit Account Division-Refunds	USPTO	703-308-5077

FROM:	PHONE:	FAX#:
Melissa Wingo	972-583-7880	972-583-7864

REMARKS: <input type="checkbox"/> Urgent <input type="checkbox"/> For your review <input type="checkbox"/> Reply ASAP <input type="checkbox"/> Please comment			
MESSAGE:			
Please refund the following to our USPTO Deposit Account Number 501379.			
Date Posted	Serial Number	Amount	Reason
12/30/2004	10/505204	130.00	Not our case
Please contact me with any questions at the number listed above or by email at melissa.wingo@ericsson.com.			
Best regards,			
Melissa Wingo			

Adjustment date: 06/29/2005 RWHITE1
12/30/2004 PKIDWELL 00000005 501379 10505204
01 FC:1617 130.00 CR

CONFIDENTIALITY NOTE:

THE INFORMATION IN THIS FACSIMILE MESSAGE ("FAX") IS BEING SENT BY AN ATTORNEY, OR HIS/HER AGENT, AND IS INTENDED TO BE CONFIDENTIAL AND ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. THE INFORMATION MAY BE PROTECTED BY ATTORNEY/CLIENT PRIVILEGE, WORK PRODUCT IMMUNITY OR OTHER LEGAL RULES. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE NOTIFIED THAT RETENTION, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS FAX IS STRICTLY PROHIBITED. IF YOU RECEIVE THIS FAX IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN IT TO THE ADDRESS ABOVE. THANK YOU.